



Adopted in House Comm. on May 24, 2005

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LRB094 03673 DRJ 46270 a

1 AMENDMENT TO SENATE BILL 26

2 AMENDMENT NO. _____. Amend Senate Bill 26 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Assisted Living and Shared Housing Act is
5 amended by changing Section 75 as follows:

6 (210 ILCS 9/75)

7 Sec. 75. Residency Requirements.

8 (a) No individual shall be accepted for residency or remain
9 in residence if the establishment cannot provide or secure
10 appropriate services, if the individual requires a level of
11 service or type of service for which the establishment is not
12 licensed or which the establishment does not provide, or if the
13 establishment does not have the staff appropriate in numbers
14 and with appropriate skill to provide such services.

15 (b) Only adults may be accepted for residency.

16 (c) A person shall not be accepted for residency if:

17 (1) the person poses a serious threat to himself or
18 herself or to others;

19 (2) the person is not able to communicate his or her
20 needs and no resident representative residing in the
21 establishment, and with a prior relationship to the person,
22 has been appointed to direct the provision of services;

23 (3) the person requires total assistance with 2 or more
24 activities of daily living;

1 (4) the person requires the assistance of more than one
2 paid caregiver at any given time with an activity of daily
3 living;

4 (5) the person requires more than minimal assistance in
5 moving to a safe area in an emergency;

6 (6) the person has a severe mental illness, which for
7 the purposes of this Section means a condition that is
8 characterized by the presence of a major mental disorder as
9 classified in the Diagnostic and Statistical Manual of
10 Mental Disorders, Fourth Edition (DSM-IV) (American
11 Psychiatric Association, 1994), where the individual is
12 substantially disabled due to mental illness in the areas
13 of self-maintenance, social functioning, activities of
14 community living and work skills, and the disability
15 specified is expected to be present for a period of not
16 less than one year, but does not mean Alzheimer's disease
17 and other forms of dementia based on organic or physical
18 disorders;

19 (7) the person requires intravenous therapy or
20 intravenous feedings unless self-administered or
21 administered by a qualified, licensed health care
22 professional;

23 (8) the person requires gastrostomy feedings unless
24 self-administered or administered by a licensed health
25 care professional;

26 (9) the person requires insertion, sterile irrigation,
27 and replacement of catheter, except for routine
28 maintenance of urinary catheters, unless the catheter care
29 is self-administered or administered by a licensed health
30 care professional;

31 (10) the person requires sterile wound care unless care
32 is self-administered or administered by a licensed health
33 care professional;

34 (11) the person requires sliding scale insulin

1 administration unless self-performed or administered by a
2 licensed health care professional;

3 (12) the person is a diabetic requiring routine insulin
4 injections unless the injections are self-administered or
5 administered by a licensed health care professional;

6 (13) the person requires treatment of stage 3 or stage
7 4 decubitus ulcers or exfoliative dermatitis;

8 (14) the person requires 5 or more skilled nursing
9 visits per week for conditions other than those listed in
10 items (13) and (15) of this subsection for a period of 3
11 consecutive weeks or more except when the course of
12 treatment is expected to extend beyond a 3 week period for
13 rehabilitative purposes and is certified as temporary by a
14 physician; or

15 (15) other reasons prescribed by the Department by
16 rule.

17 (d) A resident with a condition listed in items (1) through
18 (15) of subsection (c) shall have his or her residency
19 terminated.

20 (e) Residency shall be terminated when services available
21 to the resident in the establishment are no longer adequate to
22 meet the needs of the resident. This provision shall not be
23 interpreted as limiting the authority of the Department to
24 require the residency termination of individuals.

25 (f) Subsection (d) of this Section shall not apply to
26 terminally ill residents who receive or would qualify for
27 hospice care and such care is coordinated by a hospice program
28 licensed under the Hospice Program Licensing Act or other
29 licensed health care professional employed by a licensed home
30 health agency and the establishment and all parties agree to
31 the continued residency.

32 (g) Items (3), (4), (5), and (9) of subsection (c) shall
33 not apply to a quadriplegic, paraplegic, or individual with
34 neuro-muscular diseases, such as muscular dystrophy and

1 multiple sclerosis, or other chronic diseases and conditions as
2 defined by rule if the individual is able to communicate his or
3 her needs and does not require assistance with complex medical
4 problems, and the establishment is able to accommodate the
5 individual's needs. The Department shall prescribe rules
6 pursuant to this Section that address special safety and
7 service needs of these individuals.

8 (h) For the purposes of items (7) through (11) of
9 subsection (c), a licensed health care professional may not be
10 employed by the owner or operator of the establishment, its
11 parent entity, or any other entity with ownership common to
12 either the owner or operator of the establishment or parent
13 entity, including but not limited to an affiliate of the owner
14 or operator of the establishment. Nothing in this Section is
15 meant to limit a resident's right to choose his or her health
16 care provider.

17 (Source: P.A. 93-141, eff. 7-10-03.)

18 Section 10. The Hospice Program Licensing Act is amended by
19 changing Sections 2, 3, 4, 5, 8, and 9 and by adding Sections
20 4.5, 8.5, and 8.10 as follows:

21 (210 ILCS 60/2) (from Ch. 111 1/2, par. 6102)

22 Sec. 2. Purpose. The intent of this Act is to ensure
23 quality hospice care to consumers in the State of Illinois
24 ~~legislation is to encourage the orderly development of hospice~~
25 ~~programs which provide supportive and palliative care to~~
26 ~~terminally ill persons and their families during the final~~
27 ~~stages of their illness and during dying and bereavement. It is~~
28 ~~the intent of the General Assembly that persons requiring the~~
29 ~~services of hospice programs be assured the best quality of~~
30 ~~care during their time of need and vulnerability.~~ This is to be
31 accomplished through the development, establishment and
32 enforcement of standards governing the care provided by hospice

1 programs.

2 (Source: P.A. 83-457.)

3 (210 ILCS 60/3) (from Ch. 111 1/2, par. 6103)

4 Sec. 3. Definitions. As used in this Act, unless the
5 context otherwise requires:

6 (a) "Bereavement" means the period of time during which the
7 hospice patient's family experiences and adjusts to the death
8 of the hospice patient.

9 (a-5) "Bereavement services" means counseling services
10 provided to an individual's family after the individual's
11 death.

12 (a-10) "Attending physician" means a physician who:

13 (1) is a doctor of medicine or osteopathy; and

14 (2) is identified by an individual, at the time the
15 individual elects to receive hospice care, as having the
16 most significant role in the determination and delivery of
17 the individual's medical care.

18 (b) "Department" means the Illinois Department of Public
19 Health.

20 (c) "Director" means the Director of the Illinois
21 Department of Public Health.

22 (d) "Hospice care ~~Full hospice~~" means a ~~coordinated~~ program
23 of palliative care that provides for the physical, emotional,
24 and spiritual care needs of a terminally ill patient and his or
25 her family. The goal of such care is to achieve the highest
26 quality of life as defined by the patient and his or her family
27 through the relief of suffering and control of symptoms. ~~home~~
28 ~~and inpatient care providing directly, or through agreement,~~
29 ~~palliative and supportive medical, health and other services to~~
30 ~~terminally ill patients and their families. A full hospice~~
31 ~~utilizes a medically directed interdisciplinary hospice care~~
32 ~~team of professionals and volunteers. The program provides care~~
33 ~~to meet the physical, psychological, social, spiritual and~~

1 ~~other special needs which are experienced during the final~~
2 ~~stages of illness and during dying and bereavement. Home care~~
3 ~~is to be provided on a part-time, intermittent, regularly~~
4 ~~scheduled basis, and on an on-call around-the-clock basis~~
5 ~~according to patient and family need. To the maximum extent~~
6 ~~possible, care shall be furnished in the patient's home. Should~~
7 ~~in-patient care be required, services are to be provided with~~
8 ~~the intent of minimizing the length of such care and shall only~~
9 ~~be provided in a hospital licensed under the Hospital Licensing~~
10 ~~Act, or a skilled nursing facility licensed under the Nursing~~
11 ~~Home Care Act.~~

12 (e) "Hospice care team" means an interdisciplinary group or
13 groups composed of individuals who provide or supervise the
14 care and services offered by the hospice. ~~working unit composed~~
15 ~~of but not limited to a physician licensed to practice medicine~~
16 ~~in all of its branches, a nurse licensed pursuant to the~~
17 ~~Nursing and Advanced Practice Nursing Act, a social worker, a~~
18 ~~pastoral or other counselor, and trained volunteers. The~~
19 ~~patient and the patient's family are considered members of the~~
20 ~~hospice care team when development or revision of the patient's~~
21 ~~plan of care takes place.~~

22 (f) "Hospice patient" means a terminally ill person
23 receiving hospice services.

24 (g) "Hospice patient's family" means a hospice patient's
25 immediate family consisting of a spouse, sibling, child, parent
26 and those individuals designated as such by the patient for the
27 purposes of this Act.

28 (g-1) "Hospice residence" means a separately licensed
29 home, apartment building, or similar building providing living
30 quarters:

31 (1) that is owned or operated by a person licensed to
32 operate as a comprehensive ~~full~~ hospice; and

33 (2) at which hospice services are provided to facility
34 residents.

1 A building that is licensed under the Hospital Licensing
2 Act or the Nursing Home Care Act is not a hospice residence.

3 (h) "Hospice services" means a range of professional and
4 other supportive services provided to a hospice patient and his
5 or her family. These services may include, but are not limited
6 to, physician services, nursing services, medical social work
7 services, spiritual counseling services, bereavement services,
8 and volunteer services. ~~palliative and supportive care~~
9 ~~provided to a hospice patient and his family to meet the~~
10 ~~special need arising out of the physical, emotional, spiritual~~
11 ~~and social stresses which are experienced during the final~~
12 ~~stages of illness and during dying and bereavement. Services~~
13 ~~provided to the terminally ill patient shall be furnished, to~~
14 ~~the maximum extent possible, in the patient's home. Should~~
15 ~~inpatient care be required, services are to be provided with~~
16 ~~the intent of minimizing the length of such care.~~

17 (h-5) "Hospice program" means a licensed public agency or
18 private organization, or a subdivision of either of those, that
19 is primarily engaged in providing care to terminally ill
20 individuals through a program of home care or inpatient care,
21 or both home care and inpatient care, utilizing a medically
22 directed interdisciplinary hospice care team of professionals
23 or volunteers, or both professionals and volunteers. A hospice
24 program may be licensed as a comprehensive hospice program or a
25 volunteer hospice program.

26 (h-10) "Comprehensive hospice" means a program that
27 provides hospice services and meets the minimum standards for
28 certification under the Medicare program set forth in the
29 Conditions of Participation in 42 CFR Part 418 but is not
30 required to be Medicare-certified.

31 (i) "Palliative care" means the management of pain and
32 other distressing symptoms that incorporates medical, nursing,
33 psychosocial, and spiritual care according to the needs,
34 values, beliefs, and culture or cultures of the patient and his

1 or her family. The evaluation and treatment is
2 patient-centered, with a focus on the central role of the
3 family unit in decision-making. ~~treatment to provide for the~~
4 ~~reduction or abatement of pain and other troubling symptoms,~~
5 ~~rather than treatment aimed at investigation and intervention~~
6 ~~for the purpose of cure or inappropriate prolongation of life.~~

7 (j) "Hospice service plan" means a plan detailing the
8 specific hospice services offered by a comprehensive ~~full~~ or
9 volunteer hospice program, and the administrative and direct
10 care personnel responsible for those services. The plan shall
11 include but not be limited to:

12 (1) Identification of the person or persons
13 administratively responsible for the program.

14 (2) The estimated average monthly patient census.

15 (3) The proposed geographic area the hospice will
16 serve.

17 (4) A listing of those hospice services provided
18 directly by the hospice, and those hospice services
19 provided indirectly through a contractual agreement.

20 (5) The name and qualifications of those persons or
21 entities under contract to provide indirect hospice
22 services.

23 (6) The name and qualifications of those persons
24 providing direct hospice services, with the exception of
25 volunteers.

26 (7) A description of how the hospice plans to utilize
27 volunteers in the provision of hospice services.

28 (8) A description of the program's record keeping
29 system.

30 (k) "Terminally ill" means a medical prognosis by a
31 physician licensed to practice medicine in all of its branches
32 that a patient has an anticipated life expectancy of one year
33 or less.

34 (l) "Volunteer" means a person who offers his or her

1 services to a hospice without compensation. Reimbursement for a
2 volunteer's expenses in providing hospice service shall not be
3 considered compensation.

4 (1-5) "Employee" means a paid or unpaid member of the staff
5 of a hospice program, or, if the hospice program is a
6 subdivision of an agency or organization, of the agency or
7 organization, who is appropriately trained and assigned to the
8 hospice program. "Employee" also means a volunteer whose duties
9 are prescribed by the hospice program and whose performance of
10 those duties is supervised by the hospice program.

11 (1-10) "Representative" means an individual who has been
12 authorized under State law to terminate an individual's medical
13 care or to elect or revoke the election of hospice care on
14 behalf of a terminally ill individual who is mentally or
15 physically incapacitated.

16 (m) "Volunteer hospice" means a program which provides
17 hospice services to patients regardless of their ability to
18 pay, with emphasis on the utilization of volunteers to provide
19 services, under the administration of a not-for-profit agency.
20 This definition does not prohibit the employment of staff.

21 (Source: P.A. 93-319, eff. 7-23-03.)

22 (210 ILCS 60/4) (from Ch. 111 1/2, par. 6104)

23 Sec. 4. License.

24 (a) No person shall establish, conduct or maintain a
25 comprehensive ~~full~~ or volunteer hospice program without first
26 obtaining a license from the Department. A hospice residence
27 may be operated only at the locations listed on the license. A
28 comprehensive ~~full~~ hospice program owning or operating a
29 hospice residence is not subject to the provisions of the
30 Nursing Home Care Act in owning or operating a hospice
31 residence.

32 (b) No public or private agency shall advertise or present
33 itself to the public as a comprehensive ~~full~~ or volunteer

1 hospice program which provides hospice services without
2 meeting the provisions of subsection (a).

3 (c) The license shall be valid only in the possession of
4 the hospice to which it was originally issued and shall not be
5 transferred or assigned to any other person, agency, or
6 corporation.

7 (d) The license shall be renewed annually.

8 (e) The license shall be displayed in a conspicuous place
9 inside the hospice program office.

10 (Source: P.A. 93-319, eff. 7-23-03.)

11 (210 ILCS 60/4.5 new)

12 Sec. 4.5. Provisional license. Every licensed hospice
13 program in operation on the effective date of this Act that
14 does not meet all of the requirements for a comprehensive
15 hospice program or a volunteer hospice program as set forth in
16 this Act shall be deemed to hold a provisional license to
17 continue that operation on and after that date. The provisional
18 license shall remain in effect for one year after the effective
19 date of this Act or until the Department issues a regular
20 license under Section 4, whichever is earlier. The Department
21 may coordinate the issuance of a regular hospice program
22 license under Section 4 with the renewal date of the license
23 that is in effect on the effective date of this Act.

24 (210 ILCS 60/5) (from Ch. 111 1/2, par. 6105)

25 Sec. 5. Application for License. An application for license
26 or renewal thereof to operate as a comprehensive ~~full~~ or
27 volunteer hospice program shall be made to the Department upon
28 forms provided by it, and shall contain information reasonably
29 required by the Department, taking into consideration the
30 different categories of hospice programs. The application
31 shall be accompanied by:

32 (1) The hospice service plan;

1 (2) A financial statement containing information
2 deemed appropriate by the Department for the category of
3 the applicant; and

4 (3) A uniform license fee determined by the Department
5 based on the hospice program's category.

6 A licensed comprehensive hospice or volunteer hospice that
7 is in operation on the effective date of this Act may be issued
8 a comprehensive hospice program license under Section 4 if the
9 hospice program meets the requirements for a comprehensive
10 hospice program set forth in this Act.

11 (Source: P.A. 84-427.)

12 (210 ILCS 60/8) (from Ch. 111 1/2, par. 6108)

13 Sec. 8. General Requirements for hospice programs ~~Full~~
14 ~~Hospices~~. Every hospice program ~~Full hospices~~ shall comply with
15 the following requirements:—

16 (a) The hospice program's services shall include ~~physician~~
17 ~~services,~~ nursing services, medical social work services,
18 bereavement services ~~counseling,~~ and volunteer services. These
19 services shall be coordinated with those of the hospice
20 patient's ~~primary~~ ~~or~~ attending physician and shall be
21 substantially provided by hospice program employees. The
22 hospice program must make nursing services, medical social work
23 services, volunteer services, and bereavement services
24 available on a 24-hour basis to the extent necessary to meet
25 the needs of individuals for care that is reasonable and
26 necessary for the palliation and management of terminal illness
27 and related conditions. The hospice program must provide these
28 services in a manner consistent with the standards for
29 certification under the Medicare program set forth in the
30 Conditions of Participation in 42 CFR Part 418. Hospice
31 services, as defined in Section 3, may be furnished in a home
32 or inpatient setting, with the intent of minimizing the length
33 of inpatient care. The home care component shall be the primary

1 form of care and shall be available on a part-time,
2 intermittent, regularly-scheduled basis.

3 (a-5) The hospice program must have a governing body that
4 designates an individual responsible for the day-to-day
5 management of the hospice service plan. The governing body must
6 also ensure that all services are provided in accordance with
7 accepted standards of practice and shall assume full legal
8 responsibility for determining, implementing, and maintaining
9 the hospice program's total operation.

10 (a-10) The hospice program must fully disclose in writing
11 to any hospice patient, or to any hospice patient's family or
12 representative, prior to the patient's admission, the hospice
13 services available from the hospice program and the hospice
14 services for which the hospice patient may be eligible under
15 the patient's third-party payer plan (that is, Medicare,
16 Medicaid, the Veterans Administration, private insurance, or
17 other plans).

18 (b) The hospice program shall coordinate its services with
19 professional and nonprofessional services already in the
20 community. The program may contract out for elements of its
21 services; however, direct patient contact and overall
22 coordination of hospice services shall be maintained by the
23 hospice care team. Any contract entered into between a hospice
24 and a health care facility or service provider shall specify
25 that the hospice retain the responsibility for planning and
26 coordinating hospice services and care on behalf of a hospice
27 patient and his family. All contracts shall be in compliance
28 with this Act. No hospice which contracts for any hospice
29 service shall charge fees for services provided directly by the
30 hospice care team which duplicate contractual services
31 provided to the individual patient or his family.

32 (c) The hospice program must have functioning hospice care
33 teams that develop the hospice patient plans of care in
34 accordance with the standards for certification under the

1 Medicare program set forth in the Conditions of Participation
2 in 42 CFR Part 418. ~~The hospice care team shall be responsible~~
3 ~~for the coordination of home and inpatient care.~~

4 (c-5) A hospice patient's plan of care must be established
5 and maintained for each individual admitted to a hospice
6 program, and the services provided to an individual must be in
7 accordance with the individual's plan of care. The plans of
8 care must be established and maintained in accordance with the
9 standards for certification under the Medicare program set
10 forth in the Conditions of Participation in 42 CFR Part 418.

11 (d) The hospice program shall have a medical director who
12 shall be a doctor of medicine or osteopathy and ~~physician~~
13 licensed to practice medicine in all of its branches. The
14 medical director shall have overall responsibility for medical
15 direction of the patient care component of the hospice program
16 ~~and treatment of patients and their families rendered by the~~
17 ~~hospice care team,~~ and shall consult and cooperate with the
18 patient's attending physician.

19 (e) The hospice program shall have a bereavement program
20 which shall provide a continuum of supportive services for the
21 family after the patient's death. The bereavement services must
22 be provided in accordance with the standards for certification
23 under the Medicare program set forth in the Conditions of
24 Participation in 42 CFR Part 418.

25 (f) The hospice program shall foster independence of the
26 patient and his family by providing training, encouragement and
27 support so that the patient and family can care for themselves
28 as much as possible.

29 (g) The hospice program shall not impose the dictates of
30 any value or belief system on its patients and their families.

31 (h) The hospice program shall clearly define its admission
32 criteria. Decisions on admissions shall be made by a hospice
33 care team and shall be dependent upon the expressed request and
34 informed consent of the patient or the patient's legal

1 guardian. For purposes of this Act, "informed consent" means
2 that a hospice program must demonstrate respect for an
3 individual's rights by ensuring that an informed consent form
4 that specifies the type of care and services that may be
5 provided as hospice care during the course of the patient's
6 illness has been obtained for every hospice patient, either
7 from the patient or from the patient's representative.

8 (i) The hospice program shall keep accurate, current, and
9 confidential records on all hospice patients and their families
10 in accordance with the standards for certification under the
11 Medicare program set forth in the Conditions of Participation
12 in 42 CFR Part 418, except that standards or conditions in
13 connection with Medicare or Medicaid election forms do not
14 apply to patients receiving hospice care at no charge.

15 (j) The hospice program shall utilize the services of
16 trained volunteers in accordance with the standards for
17 certification under the Medicare program set forth in the
18 Conditions of Participation in 42 CFR Part 418.

19 (k) (Blank). ~~The hospice program shall consist of both home~~
20 ~~care and inpatient care which incorporates the following~~
21 ~~characteristics:~~

22 ~~(1) The home care component shall be the primary form~~
23 ~~of care, and shall be available on a part-time,~~
24 ~~intermittent, regularly scheduled basis and on an on-call~~
25 ~~around the clock basis, according to patient and family~~
26 ~~need.~~

27 ~~(2) The inpatient component shall primarily be used~~
28 ~~only for short term stays.~~

29 ~~If possible, inpatient care should closely approximate a~~
30 ~~home-like environment, and provide overnight family visitation~~
31 ~~within the facility.~~

32 (l) The hospice program must maintain professional
33 management responsibility for hospice care and ensure that
34 services are furnished in a safe and effective manner by

1 persons meeting the qualifications as defined in this Act and
2 in accordance with the patient's plan of care.

3 (m) The hospice program must conduct a quality assurance
4 program in accordance with the standards for certification
5 under the Medicare program set forth in the Conditions of
6 Participation in 42 CFR Part 418.

7 (n) Where applicable, every hospice program employee must
8 be licensed, certified, or registered in accordance with
9 federal, State, and local laws and regulations.

10 (o) The hospice program shall provide an ongoing program
11 for the training and education of its employees appropriate to
12 their responsibilities.

13 (Source: P.A. 83-457.)

14 (210 ILCS 60/8.5 new)

15 Sec. 8.5. Additional requirements; comprehensive hospice
16 program. In addition to complying with the standards prescribed
17 by the Department under Section 9 and complying with all other
18 applicable requirements under this Act, a comprehensive
19 hospice program must meet the minimum standards for
20 certification under the Medicare program set forth in the
21 Conditions of Participation in 42 CFR Part 418.

22 (210 ILCS 60/8.10 new)

23 Sec. 8.10. Additional requirements; volunteer hospice
24 program. In addition to complying with the standards prescribed
25 by the Department under Section 9 and complying with all other
26 applicable requirements under this Act, a volunteer hospice
27 program must do the following:

28 (1) Provide hospice care to patients regardless of
29 their ability to pay, with emphasis on the utilization of
30 volunteers to provide services. Nothing in this paragraph
31 prohibits a volunteer hospice program from employing paid
32 staff, however.

1 (2) Provide services not required under subsection (a)
2 of Section 8 in accordance with generally accepted
3 standards of practice and in accordance with applicable
4 local, State, and federal laws.

5 (3) Include the word "Volunteer" in its corporate name
6 and in all verbal and written communications to patients,
7 patients' families and representatives, and the community
8 and public at large.

9 (4) Provide information regarding other hospice care
10 providers available in the hospice program's service area.

11 (210 ILCS 60/9) (from Ch. 111 1/2, par. 6109)

12 Sec. 9. Standards. The Department shall prescribe, by
13 regulation, minimum standards for licensed hospice programs.

14 (a) The standards for all hospice programs ~~full hospices~~
15 shall include, but not be limited to, the following:

16 (1) (Blank). ~~Compliance with the requirements in~~
17 ~~Section 8.~~

18 (2) The number and qualifications of persons providing
19 direct hospice services.

20 (3) The qualifications of those persons contracted
21 with to provide indirect hospice services.

22 (4) The palliative and supportive care and bereavement
23 counseling provided to a hospice patient and his family.

24 (5) Hospice services provided on an inpatient basis.

25 (6) Utilization review of patient care.

26 (7) The quality of care provided to patients.

27 (8) Procedures for the accurate and centralized
28 maintenance of records on hospice services provided to
29 patients and their families.

30 (9) The use of volunteers in the hospice program, and
31 the training of those volunteers.

32 (10) The rights of the patient and the patient's
33 family.

1 (b) (Blank). ~~The standards for volunteer hospice programs~~
2 ~~shall include but not be limited to:~~

3 ~~(1) The direct and indirect services provided by the~~
4 ~~hospice, including the qualifications of personnel~~
5 ~~providing medical care.~~

6 ~~(2) Quality review of the services provided by the~~
7 ~~hospice program.~~

8 ~~(3) Procedures for the accurate and centralized~~
9 ~~maintenance of records on hospice services provided to~~
10 ~~patients and their families.~~

11 ~~(4) The rights of the patient and the patient's family.~~

12 ~~(5) The use of volunteers in the hospice program.~~

13 ~~(6) The disclosure to the patients of the range of~~
14 ~~hospice services provided and not provided by the hospice~~
15 ~~program.~~

16 (c) The standards for hospices owning or operating hospice
17 residences shall address the following:

18 (1) The safety, cleanliness, and general adequacy of
19 the premises, including provision for maintenance of fire
20 and health standards that conform to State laws and
21 municipal codes, to provide for the physical comfort,
22 well-being, care, and protection of the residents.

23 (2) Provisions and criteria for admission, discharge,
24 and transfer of residents.

25 (3) Fee and other contractual agreements with
26 residents.

27 (4) Medical and supportive services for residents.

28 (5) Maintenance of records and residents' right of
29 access of those records.

30 (6) Procedures for reporting abuse or neglect of
31 residents.

32 (7) The number of persons who may be served in a
33 residence, which shall not exceed 16 persons per location.

34 (8) The ownership, operation, and maintenance of

1 buildings containing a hospice residence.

2 (9) The number of licensed hospice residences shall not
3 exceed 6 before December 31, 1996 and shall not exceed 12
4 before December 31, 1997. The Department shall conduct a
5 study of the benefits of hospice residences and make a
6 recommendation to the General Assembly as to the need to
7 limit the number of hospice residences after June 30, 1997.

8 (d) In developing the standards for hospices, the
9 Department shall take into consideration the category of the
10 hospice programs.

11 (Source: P.A. 89-278, eff. 8-10-95.)

12 Section 15. The Health Care Worker Background Check Act is
13 amended by changing Section 15 as follows:

14 (225 ILCS 46/15)

15 Sec. 15. Definitions. For the purposes of this Act, the
16 following definitions apply:

17 "Applicant" means an individual seeking employment with a
18 health care employer who has received a bona fide conditional
19 offer of employment.

20 "Conditional offer of employment" means a bona fide offer
21 of employment by a health care employer to an applicant, which
22 is contingent upon the receipt of a report from the Department
23 of State Police indicating that the applicant does not have a
24 record of conviction of any of the criminal offenses enumerated
25 in Section 25.

26 "Direct care" means the provision of nursing care or
27 assistance with feeding, dressing, movement, bathing,
28 toileting, or other personal needs. The entity responsible for
29 inspecting and licensing, certifying, or registering the
30 health care employer may, by administrative rule, prescribe
31 guidelines for interpreting this definition with regard to the
32 health care employers that it licenses.

1 "Health care employer" means:

2 (1) the owner or licensee of any of the following:

3 (i) a community living facility, as defined in the
4 Community Living Facilities Act;

5 (ii) a life care facility, as defined in the Life
6 Care Facilities Act;

7 (iii) a long-term care facility, as defined in the
8 Nursing Home Care Act;

9 (iv) a home health agency, as defined in the Home
10 Health Agency Licensing Act;

11 (v) a comprehensive ~~full~~ hospice program or
12 volunteer hospice program, as defined in the Hospice
13 Program Licensing Act;

14 (vi) a hospital, as defined in the Hospital
15 Licensing Act;

16 (vii) a community residential alternative, as
17 defined in the Community Residential Alternatives
18 Licensing Act;

19 (viii) a nurse agency, as defined in the Nurse
20 Agency Licensing Act;

21 (ix) a respite care provider, as defined in the
22 Respite Program Act;

23 (ix-a) an establishment licensed under the
24 Assisted Living and Shared Housing Act;

25 (x) a supportive living program, as defined in the
26 Illinois Public Aid Code;

27 (xi) early childhood intervention programs as
28 described in 59 Ill. Adm. Code 121;

29 (xii) the University of Illinois Hospital,
30 Chicago;

31 (xiii) programs funded by the Department on Aging
32 through the Community Care Program;

33 (xiv) programs certified to participate in the
34 Supportive Living Program authorized pursuant to

- 1 Section 5-5.01a of the Illinois Public Aid Code;
- 2 (xv) programs listed by the Emergency Medical
- 3 Services (EMS) Systems Act as Freestanding Emergency
- 4 Centers;
- 5 (xvi) locations licensed under the Alternative
- 6 Health Care Delivery Act;
- 7 (2) a day training program certified by the Department
- 8 of Human Services;
- 9 (3) a community integrated living arrangement operated
- 10 by a community mental health and developmental service
- 11 agency, as defined in the Community-Integrated Living
- 12 Arrangements Licensing and Certification Act; or
- 13 (4) the State Long Term Care Ombudsman Program,
- 14 including any regional long term care ombudsman programs
- 15 under Section 4.04 of the Illinois Act on the Aging, only
- 16 for the purpose of securing background checks.

17 "Initiate" means the obtaining of the authorization for a

18 record check from a student, applicant, or employee. The

19 educational entity or health care employer or its designee

20 shall transmit all necessary information and fees to the

21 Illinois State Police within 10 working days after receipt of

22 the authorization.

23 (Source: P.A. 92-16, eff. 6-28-01; 93-878, eff. 1-1-05.)

24 Section 99. Effective date. This Act takes effect July 1,

25 2005."